

Case Number:	CM15-0233869		
Date Assigned:	12/09/2015	Date of Injury:	10/15/2012
Decision Date:	01/14/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old female who sustained an industrial injury on 10/15/12. The mechanism of injury was not documented. She underwent anterior cruciate ligament (ACL) reconstruction in 2014. The 8/21/15 right knee MR arthrogram impression documented post-operative changes consistent with an arthroscopic partial medial and lateral meniscectomy, as well as intraarticular ACL reconstruction. There was a full thickness tear involving the mid-substance of the ACL ligament graft. There was a 1.6 cm residual or recurrent peripheral longitudinal tear that was non-displaced at the junction of the body and posterior horn of the medial meniscus remnant. There was tricompartmental osteoarthritis that was mild in the patellofemoral compartment and moderate in the medial and lateral compartments. There were multiple osteochondral loose bodies identified, with the largest measuring 1.8 cm within the posterior cruciate ligament recess and one measuring 1.3 cm within the popliteal tendon sheath near the musculotendinous junction of the popliteus. The collateral ligaments and posterior cruciate ligament were intact. The 9/14/15 orthopedic report indicated that the injured worker continued to have right knee pain and limited range of motion with buckling and weakness. Physical exam documented range of motion 0-120 degrees, unstable Lachman, and medial and lateral tenderness. The MR arthrogram showed diffuse osteoarthritis and an ACL tear. He opined that her pain was mostly arthritic in nature. A first Synvisc injection was performed. The only surgery that will help her in the future would be total knee replacement. Synvisc injections were additionally performed on 9/21/15 and 9/28/15. The 10/16/15 treating physician report cited continued right knee pain. She was now having pain in the lumbar spine. The Synvisc injection

on 9/28/15 did not help the pain. Physical exam of the right knee documented swelling, crepitus, medial and lateral joint line tenderness, varus deformity, painful range of motion, and the compartments were soft. The injured worker had severe right knee pain secondary to end-stage osteoarthritis. She had failed conservative treatment of physical therapy, NSAIDS, activity modification, and viscosupplementation. Authorization was requested for right total knee arthroplasty with associated surgical requests, including pre-op clearance and home health physical therapy 3 times per week for 4 weeks for the right knee. The 11/3/15 utilization review non-certified the request for right total knee arthroplasty and associate surgical requests as guideline criteria were not met based on age and documentation relative to range of motion less than 90 degrees, night time pain, and functional limitations demonstrating necessity of intervention. Additionally, imaging only reported moderate osteoarthritis in the medial and lateral compartments which did not support an exception to guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right total knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40. Guidelines required imaging clinical findings of osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength), or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). Guideline criteria have not been met. This injured worker is 43 years old with persistent left knee pain with mechanical symptoms. Clinical exam findings documented crepitus, medial and lateral joint line tenderness, range of motion 0-120 degrees, and varus deformity. There was no documentation of body mass index. There was no discussion of functional limitations. A recent MR arthrogram documented mild patellofemoral and moderate medial and lateral osteoarthritis with evidence of ACL graft tear, medial meniscus tear, and multiple large osteochondral loose bodies. There was no documentation of standing x-rays. Detailed evidence of comprehensive operative and non-operative treatment and failure has not been submitted. There is no compelling rationale to support the medical necessity of proceeding with a total knee replacement at this time based on

the injured worker's age as an exception to guidelines. Therefore, this request is not medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Home health physical therapy 3 times a week for 4 weeks for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.